

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

569 BROOKWOOD VILLAGE

SUITE 901

☐ Check if different than previously reported. (ACC)

BIRMINGHAM

AL

35209

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00440743

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2015

through

M M M / D D D / Y Y Y Y Y Y
12 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Richard L. Sharff Jr.

Signature of Treasurer

Richard L. Sharff Jr.

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 27 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		49161.74
(b) Cash on Hand at Beginning of Reporting Period.....	60739.89	
(c) Total Receipts (from Line 19)	28007.27	55585.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	88747.16	104747.16
7. Total Disbursements (from Line 31)	19700.00	35700.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	69047.16	69047.16
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2015

To:

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

24992.28

43477.38

(ii) Unitemized

2986.05

12054.98

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

27978.33

55532.36

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

27978.33

55532.36

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

28.94

53.06

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

28007.27

55585.42

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

28007.27

55585.42

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19700.00	28700.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	7000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	19700.00	35700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19700.00	35700.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	27978.33	55532.36
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27978.33	55532.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 38

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. David J. Aguayo

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5336

Amount of Each Receipt this Period

520.00

Payroll deduction \$40.00 biweekly

Full Name (Last, First, Middle Initial)

B. Wanda Allison

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5337

Amount of Each Receipt this Period

110.00

Payroll deduction \$10.00 biweekly

Full Name (Last, First, Middle Initial)

C. Judith E. Barsamian-Armstrong

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5338

Amount of Each Receipt this Period

130.00

Payroll deduction \$10.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

760.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Jacquelin Belcher

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5341

Amount of Each Receipt this Period

247.00

Payroll deduction \$19.00 biweekly

Full Name (Last, First, Middle Initial)

B. Gerald E. Biala

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

SVP, Perioperative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5343

Amount of Each Receipt this Period

260.00

Payroll deduction \$20.00 biweekly

Full Name (Last, First, Middle Initial)

C. Jennifer Bloebaum

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5344

Amount of Each Receipt this Period

130.00

Payroll deduction \$10.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

637.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mary Beth Brust

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5346

Amount of Each Receipt this Period

260.00

Payroll deduction \$20.00 biweekly

Full Name (Last, First, Middle Initial)

B. Kenneth Bulow

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5347

Amount of Each Receipt this Period

140.00

Payroll deduction \$20.00 biweekly

Full Name (Last, First, Middle Initial)

C. Sandra K. Bunch

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5348

Amount of Each Receipt this Period

130.00

Payroll deduction \$10.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

530.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Vicki Burns

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5350

Amount of Each Receipt this Period

247.00

Payroll deduction \$19.00 biweekly

Full Name (Last, First, Middle Initial)

B. Ajay Chokski

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5352

Amount of Each Receipt this Period

650.00

Payroll deduction \$50.00 biweekly

Full Name (Last, First, Middle Initial)

C. Eleanor Chye

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5353

Amount of Each Receipt this Period

420.00

Payroll deduction \$60.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1317.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Peter J. Clemens

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.33

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5355

Amount of Each Receipt this Period

115.38

Payroll deduction \$115.38 biweekly

Full Name (Last, First, Middle Initial)

B. Joseph E. Colbert

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5356

Amount of Each Receipt this Period

260.00

Payroll deduction \$20.00 biweekly

Full Name (Last, First, Middle Initial)

C. Kelli Collins

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5357

Amount of Each Receipt this Period

247.00

Payroll deduction \$19.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

622.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Rena Courtay

Mailing Address 569 Brookwood Village
Suite 901

City State Zip Code
Birmingham AL 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

VP, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.5358

Amount of Each Receipt this Period

325.00

Payroll deduction \$25.00 biweekly

Full Name (Last, First, Middle Initial)

B. Carol Crump

Mailing Address 569 Brookwood Village
Suite 901

City State Zip Code
Birmingham AL 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

VP, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.5360

Amount of Each Receipt this Period

260.00

Payroll deduction \$20.00 biweekly

Full Name (Last, First, Middle Initial)

C. Cindy L. Davis

Mailing Address 569 Brookwood Village
Suite 901

City State Zip Code
Birmingham AL 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Business Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.5362

Amount of Each Receipt this Period

130.00

Payroll deduction \$10.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

715.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Elizabeth A. Davis

Mailing Address 569 Brookwood Village
Suite 901

City State Zip Code
Birmingham AL 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.5363

Amount of Each Receipt this Period

130.00

Payroll deduction \$10.00 biweekly

Full Name (Last, First, Middle Initial)

B. Thomas Dixon

Mailing Address 569 Brookwood Village
Suite 901

City State Zip Code
Birmingham AL 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation
VP, Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.5365

Amount of Each Receipt this Period

325.00

Payroll deduction \$25.00 biweekly

Full Name (Last, First, Middle Initial)

C. Debra Doroni

Mailing Address 569 Brookwood Village
Suite 901

City State Zip Code
Birmingham AL 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.5367

Amount of Each Receipt this Period

130.00

Payroll deduction \$10.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

585.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Goran Dragolovic

Mailing Address 2012 E. Glenoaks Blvd

City	State	Zip Code
Glendale	CA	91206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2090.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.5368

Amount of Each Receipt this Period

1235.00

Payroll deduction \$95.00 biweekly

Full Name (Last, First, Middle Initial)

B. Ann L. DuganMailing Address 569 Brookwood Village
Suite 901

City	State	Zip Code
Birmingham	AL	35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.5369

Amount of Each Receipt this Period

325.00

Payroll deduction \$25.00 biweekly

Full Name (Last, First, Middle Initial)

C. Marie EdlerMailing Address 569 Brookwood Village
Suite 901

City	State	Zip Code
Birmingham	AL	35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

SDR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.5370

Amount of Each Receipt this Period

325.00

Payroll deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1885.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Viva Elia

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2002.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5372

Amount of Each Receipt this Period

1001.00

Payroll deduction \$77.00 biweekly

Full Name (Last, First, Middle Initial)

B. Kevin R. Elliott

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Senior Director, Financial

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5373

Amount of Each Receipt this Period

195.00

Payroll deduction \$15.00 biweekly

Full Name (Last, First, Middle Initial)

C. Christian D. Ellison

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2990.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5374

Amount of Each Receipt this Period

1495.00

Payroll deduction \$115.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2691.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Ronald E. Erb

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5375

Amount of Each Receipt this Period

130.00

Payroll deduction \$10.00 biweekly

Full Name (Last, First, Middle Initial)

B. Jim Evely

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5376

Amount of Each Receipt this Period

130.00

Payroll deduction \$10.00 biweekly

Full Name (Last, First, Middle Initial)

C. Brandon T. Frazier

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

VP, Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5379

Amount of Each Receipt this Period

325.00

Payroll deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

585.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Charles O. Gallagher

Mailing Address 569 Brookwood Village
Suite 901

City State Zip Code
Birmingham AL 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.5380

Amount of Each Receipt this Period

130.00

Payroll deduction \$10.00 biweekly

Full Name (Last, First, Middle Initial)

B. Mary A. Gamez

Mailing Address 569 Brookwood Village
Suite 901

City State Zip Code
Birmingham AL 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Business Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.5381

Amount of Each Receipt this Period

130.00

Payroll deduction \$10.00 biweekly

Full Name (Last, First, Middle Initial)

C. Gabriel M. Garcia

Mailing Address 569 Brookwood Village
Suite 901

City State Zip Code
Birmingham AL 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.5382

Amount of Each Receipt this Period

130.00

Payroll deduction \$10.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

390.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Margaret George

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5383

Amount of Each Receipt this Period

260.00

Payroll deduction \$20.00 biweekly

Full Name (Last, First, Middle Initial)

B. Roy Georgia

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5384

Amount of Each Receipt this Period

325.00

Payroll deduction \$25.00 biweekly

Full Name (Last, First, Middle Initial)

C. Jennifer Graham

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5386

Amount of Each Receipt this Period

195.00

Payroll deduction \$15.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

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780.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. David L. Grantham

Mailing Address 569 Brookwood Village
Suite 901

City State Zip Code
Birmingham AL 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.5498

Amount of Each Receipt this Period

195.00

Payroll deduction \$15.00 biweekly

Full Name (Last, First, Middle Initial)

B. Kevin M. Hamers

Mailing Address 569 Brookwood Village
Suite 901

City State Zip Code
Birmingham AL 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.5387

Amount of Each Receipt this Period

156.00

Payroll deduction \$12.00 biweekly

Full Name (Last, First, Middle Initial)

C. Jeffrey W. Hayes

Mailing Address 569 Brookwood Village
Suite 901

City State Zip Code
Birmingham AL 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.5389

Amount of Each Receipt this Period

130.00

Payroll deduction \$10.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

481.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Huong Ho

Mailing Address 569 Brookwood Village
Suite 901

City State Zip Code
Birmingham AL 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.5390

Amount of Each Receipt this Period

260.00

Payroll deduction \$20.00 biweekly

Full Name (Last, First, Middle Initial)

B. Jenny Hunter

Mailing Address 569 Brookwood Village
Suite 901

City State Zip Code
Birmingham AL 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.5392

Amount of Each Receipt this Period

130.00

Payroll deduction \$10.00 biweekly

Full Name (Last, First, Middle Initial)

C. Jenifer S. Kimbrough

Mailing Address 569 Brookwood Village
Suite 901

City State Zip Code
Birmingham AL 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.5493

Amount of Each Receipt this Period

210.00

Payroll deduction \$30.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Christopher Klassen

Mailing Address 569 Brookwood Village
Suite 901

City State Zip Code
Birmingham AL 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.5393

Amount of Each Receipt this Period

260.00

Payroll deduction \$20.00 biweekly

Full Name (Last, First, Middle Initial)

B. Brian Konieczny

Mailing Address 569 Brookwood Village
Suite 901

City State Zip Code
Birmingham AL 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.5395

Amount of Each Receipt this Period

130.00

Payroll deduction \$10.00 biweekly

Full Name (Last, First, Middle Initial)

C. Joy Kurosaka

Mailing Address 569 Brookwood Village
Suite 901

City State Zip Code
Birmingham AL 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.5397

Amount of Each Receipt this Period

247.00

Payroll deduction \$19.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

637.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Thomas J. Lally

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5399

Amount of Each Receipt this Period

260.00

Payroll deduction \$20.00 biweekly

Full Name (Last, First, Middle Initial)

B. Mark Langston

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

VP, Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5400

Amount of Each Receipt this Period

325.00

Payroll deduction \$25.00 biweekly

Full Name (Last, First, Middle Initial)

C. William T. Linder

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

VP, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5403

Amount of Each Receipt this Period

650.00

Payroll deduction \$50.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1235.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Julie A. Lineberger

Mailing Address 569 Brookwood Village
Suite 901

City State Zip Code
Birmingham AL 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.5404

Amount of Each Receipt this Period

130.00

Payroll deduction \$10.00 biweekly

Full Name (Last, First, Middle Initial)

B. Debbie Loeffler

Mailing Address 569 Brookwood Village
Suite 901

City State Zip Code
Birmingham AL 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.5405

Amount of Each Receipt this Period

130.00

Payroll deduction \$10.00 biweekly

Full Name (Last, First, Middle Initial)

C. Dana Lord Younts

Mailing Address 569 Brookwood Village
Suite 901

City State Zip Code
Birmingham AL 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

HR Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.5406

Amount of Each Receipt this Period

130.00

Payroll deduction \$10.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

390.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Lindsay Lowder

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5494

Amount of Each Receipt this Period

120.00

Payroll deduction \$10.00 biweekly

Full Name (Last, First, Middle Initial)

B. Kristine Lowther

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5407

Amount of Each Receipt this Period

325.00

Payroll deduction \$25.00 biweekly

Full Name (Last, First, Middle Initial)

C. Jeffrey Lozier

Mailing Address 17787 Del Paso Drive

City Poway State CA Zip Code 92064

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 29 / 2015

Transaction ID : SA11AI.5487

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

545.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Jeffrey Lozier

Mailing Address 17787 Del Paso Drive

City State Zip Code
 Poway CA 92064

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 29 / 2015

Transaction ID : SA11AI.5490

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Michael Lucey

Mailing Address 5715 N Bay Ridge Avenue

City State Zip Code
 Whitefish Bay WI 53217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.5408

Amount of Each Receipt this Period

260.00

Payroll deduction \$20.00 biweekly

Full Name (Last, First, Middle Initial)

C. Brian Mathis

Mailing Address 569 Brookwood Village
 Suite 901

City State Zip Code
 Birmingham AL 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.5409

Amount of Each Receipt this Period

325.00

Payroll deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

685.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Adrienne McCall

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.5411

Amount of Each Receipt this Period

130.00

Payroll deduction \$10.00 biweekly

Full Name (Last, First, Middle Initial)

B. Stephanie McIntosh

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.5414

Amount of Each Receipt this Period

130.00

Payroll deduction \$10.00 biweekly

Full Name (Last, First, Middle Initial)

C. Dawn McLane-Onofrio

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Dir. Integration Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.5415

Amount of Each Receipt this Period

130.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

390.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dare Meeks

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5416

Amount of Each Receipt this Period

325.00

Payroll deduction \$25.00 biweekly

Full Name (Last, First, Middle Initial)

B. Audra E. Morgan

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5418

Amount of Each Receipt this Period

130.00

Payroll deduction \$10.00 biweekly

Full Name (Last, First, Middle Initial)

C. Thomas Nelson

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5419

Amount of Each Receipt this Period

130.00

Payroll deduction \$10.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

585.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Richard Oakford

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5421

Amount of Each Receipt this Period

260.00

Payroll deduction \$20.00 biweekly

Full Name (Last, First, Middle Initial)

B. Bryan Olson

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5423

Amount of Each Receipt this Period

325.00

Payroll deduction \$25.00 biweekly

Full Name (Last, First, Middle Initial)

C. Louise M Pace

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5424

Amount of Each Receipt this Period

260.00

Payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

845.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Candace A. Pitts

Mailing Address 569 Brookwood Village
Suite 901

City State Zip Code
Birmingham AL 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Business Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.5425

Amount of Each Receipt this Period

130.00

Payroll deduction \$10.00 biweekly

Full Name (Last, First, Middle Initial)

B. Phillip R. Prince

Mailing Address 569 Brookwood Village
Suite 901

City State Zip Code
Birmingham AL 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.5427

Amount of Each Receipt this Period

260.00

Payroll deduction \$20.00 biweekly

Full Name (Last, First, Middle Initial)

C. Leslie J. Raskin

Mailing Address 569 Brookwood Village
Suite 901

City State Zip Code
Birmingham AL 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.5428

Amount of Each Receipt this Period

195.00

Payroll deduction \$15.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

585.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Peggy Rhoads

Mailing Address 569 Brookwood Village
Suite 901

City State Zip Code
Birmingham AL 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.5430

Amount of Each Receipt this Period

130.00

Payroll deduction \$10.00 biweekly

Full Name (Last, First, Middle Initial)

B. Cory P Roberts

Mailing Address 569 Brookwood Village
Suite 901

City State Zip Code
Birmingham AL 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

VP, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.5431

Amount of Each Receipt this Period

499.98

Payroll deduction \$38.46 biweekly

Full Name (Last, First, Middle Initial)

C. Joanne Roche

Mailing Address 569 Brookwood Village
Suite 901

City State Zip Code
Birmingham AL 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.5432

Amount of Each Receipt this Period

130.00

Payroll deduction \$10.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

759.98

SCHEDULE A (FEC Form 3X)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Andrew J. RosenMailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.5433

Amount of Each Receipt this Period

325.00

Payroll deduction \$25.00 biweekly

Full Name (Last, First, Middle Initial)

B. Michael A. RuckerMailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.5435

Amount of Each Receipt this Period

749.97

Payroll deduction \$57.69 biweekly

Full Name (Last, First, Middle Initial)

C. Kelli RuizMailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.5436

Amount of Each Receipt this Period

325.00

Payroll deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

1399.97

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Ann M Schilleci

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Director, Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5439

Amount of Each Receipt this Period

130.00

Payroll deduction \$10.00 biweekly

Full Name (Last, First, Middle Initial)

B. Richard L. Sharff Jr.

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

EVP & Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2644.15

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5440

Amount of Each Receipt this Period

1249.95

Payroll deduction \$96.15 biweekly

Full Name (Last, First, Middle Initial)

C. Brian K. Shelton

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5441

Amount of Each Receipt this Period

325.00

Payroll deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1704.95

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Diana ShiMailing Address 569 Brookwood Village
Suite 901

City	State	Zip Code
Birmingham	AL	35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Director, Financial Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.5442

Amount of Each Receipt this Period

195.00

Payroll deduction \$15.00 biweekly

Full Name (Last, First, Middle Initial)

B. Susan L. SorgMailing Address 569 Brookwood Village
Suite 901

City	State	Zip Code
Birmingham	AL	35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.5444

Amount of Each Receipt this Period

195.00

Payroll deduction \$15.00 biweekly

Full Name (Last, First, Middle Initial)

C. Jeanette StackMailing Address 569 Brookwood Village
Suite 901

City	State	Zip Code
Birmingham	AL	35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.5445

Amount of Each Receipt this Period

195.00

Payroll deduction \$15.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

585.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Carla F. Stephanie

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5446

Amount of Each Receipt this Period

195.00

Payroll deduction \$15.00 biweekly

Full Name (Last, First, Middle Initial)

B. Jason J. Strauss

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5450

Amount of Each Receipt this Period

1040.00

Payroll deduction \$80.00 biweekly

Full Name (Last, First, Middle Initial)

C. Timothy D. Szott

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.5451

Amount of Each Receipt this Period

130.00

Payroll deduction \$10.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 38
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Leslie Wachsman

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliate

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.5453

Amount of Each Receipt this Period

247.00

Payroll deduction \$19.00 biweekly

Full Name (Last, First, Middle Initial)

B. Kristi Waite

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.5454

Amount of Each Receipt this Period

130.00

Payroll deduction \$10.00 biweekly

Full Name (Last, First, Middle Initial)

C. Coy R. Wells

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

VP, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.5455

Amount of Each Receipt this Period

195.00

Payroll deduction \$15.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

572.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 38

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Albert J. Zahn

Mailing Address 569 Brookwood Village
Suite 901

City Birmingham State AL Zip Code 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.5461

Amount of Each Receipt this Period

130.00

Payroll deduction \$10.00 biweekly

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

24992.28

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BERA VICTORY FUND

Mailing Address PO BOX 582496

City	State	Zip Code
ELK GROVE	CA	95758

Purpose of Disbursement
Contribution

Candidate Name

AMERISH BERAOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : SB23.5475

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. DAVID SCOTT FOR CONGRESS

Mailing Address P.O. BOX 960821

City	State	Zip Code
RIVERDALE	GA	30296

Purpose of Disbursement
Contribution

Candidate Name

DAVID ALBERT SCOTTOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2015

Transaction ID : SB23.5472

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DEVIN NUNES CAMPAIGN COMMITTEE

Mailing Address PO BOX 6545

City	State	Zip Code
VISALIA	CA	93290

Purpose of Disbursement
Contribution

Candidate Name

DEVIN G NUNESOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : SB23.5478

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MAGGIE HASSAN VICTORY FUND

Mailing Address PO BOX 75357

City WASHINGTON	State DC	Zip Code 20013
--------------------	-------------	-------------------

Purpose of Disbursement
Contribution

011

Candidate Name

MARGARET WOOD HASSANCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2015

Transaction ID : SB23.5466

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MAGGIE HASSAN VICTORY FUND

Mailing Address PO BOX 75357

City WASHINGTON	State DC	Zip Code 20013
--------------------	-------------	-------------------

Purpose of Disbursement
Voided Contribution Check #136 written 7/16/15

010

Candidate Name

MARGARET WOOD HASSANCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2015

Transaction ID : SB23.5485

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

C. NEW HAMPSHIRE DEMOCRATIC PARTY

Mailing Address 105 N. STATE STREET

City CONCORD	State NH	Zip Code 03301
-----------------	-------------	-------------------

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2015

Transaction ID : SB23.5469

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. RENEE ELLMERS FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2015

Mailing Address PO BOX 99567

City	State	Zip Code
RALEIGH	NC	27624

Transaction ID : SB23.5463Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

RENEE JACISIN ELLMERSCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NC District: 02

5000.00

Full Name (Last, First, Middle Initial)

B. VERN BUCHANAN FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2015

Mailing Address P. O. BOX 48928

City	State	Zip Code
SARASOTA	FL	34230

Transaction ID : SB23.5482Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

VERNON BUCHANANCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District: 16

2500.00

Full Name (Last, First, Middle Initial)

C. WYDEN FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Mailing Address 232 NE 9TH AVENUE

City	State	Zip Code
PORTLAND	OR	97232

Transaction ID : SB23.5479Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

RONALD L WYDENCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OR District: 00

2700.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10200.00

19700.00